

PERFORMANCE CERTIFICATION

TO : Chief, Compensation Division, Office of Finance
THROUGH: Administrative Group, OSWR
FROM : Special Assistant for Nuclear Proliferation Intelligence

INDIVIDUAL

PROJECT

PERIOD

5 April 1982

25X1

SPECIAL INSTRUCTIONS REGARDING METHOD OF PAYMENT

Reimbursement is herewith requested for one day of consultant services rendered at the fee rate of \$192.72 per day.

TOTAL: \$192.72

FACTORS AFFECTING AMOUNT DUE

FACTORS AFFECTING COMPENSATION DURING NEXT THREE MONTHS (e.g., termination, renewal, proposed salary increase)

CERTIFICATION

I certify that for the period indicated this individual has performed satisfactorily and is entitled to payment

- ☒ in accordance with the terms of contractual agreement.
☐ in accordance with oral agreement or other commitment documented by memorandum of record.

DATE

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It is requested that be reimbursed for the following:

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Mileage: 40 miles round trip

Meals: \$15.20

The amount requested is due to the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.

Special Assistant for
Nuclear Proliferation Intelligence

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PLEASE MAIL CHECK TO:

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